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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1948
Registration District No. 181

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37260
Primary Registration District No. 4293
Registrar's No. 38

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Elsberry 2nd
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lincoln 57
(c) City or town Elsberry 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MARY ELIZABETH ROGERS
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband ~~or wife~~ A.B. Rogers
6. (c) Age of husband ~~or wife if~~ alive 80 years
7. Birth date of deceased 2 (Month) – 23 (Day) – 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
75	5	17	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo'v (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

MOTHER
12. Name Marion ROBERSON
13. Birthplace Mo. (City, town, or county) ..... (State or foreign country)

FATHER
14. Maiden name FRANCES OLERY
15. Birthplace Mo (City, town, or county) ..... (State or foreign country)

16. (a) Informant A. B. Rogers
(b) Address ELSBERRY MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-13-1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ OAK RIDGE
18. (a) Signature of funeral director Clifton Mills
(b) Address Elsberry Mo
19. (a) Dec 10 '48 (Date received local registrar) (b) Mrs. J. A. Dwyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST ~~and~~ day ~~20~~ 10th
year 1948 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from JULY 26, 1948, to AUG 10, 1948; that I last saw her ALIVE on AUG 7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CHR. MYOCARDITIS	yrs
Due to	
GEN. ARTERIOSCLEROSIS	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ..... 0 0 P
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) MD
Address Elsberry Mo Date signed 8/11/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number DEC 14 1948
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ Aug 10-19[illegible]

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clifton Mills

Licensed Embalmer No. 3364

P. O. Address Elgin, Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

o. 2B
-3-45
I X43880

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 38

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Elsberry
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary E. Rogers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 23 1863
(Month) (Day) (Year)

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 10 year 1945 hour p.m. minute M.

21. I hereby certify that I attended the deceased from , 19..; to , 19..; that I last saw h alive on , 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-37260